## MDHHS-5960, WIC FORMULA ACTION LOG

Michigan Department of Health and Human Services (New 6-21)

| Vendor Name | Vendor Number | Month | Year | Clinic<br>N/A |
|-------------|---------------|-------|------|---------------|
|             |               |       |      |               |

INSTRUCTIONS: One line should be documented per Vendor purchase per formula.

| Date<br>Purchased | Date<br>Destroyed | Vendor ID | Formula | Formula<br>Size | Quantity | Action Taken | Investigator<br>Initials | Notes |
|-------------------|-------------------|-----------|---------|-----------------|----------|--------------|--------------------------|-------|
|                   | ,                 |           |         |                 |          |              |                          |       |
|                   |                   |           |         |                 |          |              |                          |       |
|                   |                   |           |         |                 |          |              |                          |       |
|                   |                   |           |         |                 |          |              |                          |       |
|                   |                   |           |         |                 |          |              |                          |       |
|                   |                   |           |         |                 |          |              |                          |       |
|                   |                   |           |         |                 |          |              |                          |       |
|                   |                   |           |         |                 |          |              |                          |       |

- 1. Formula purchased during compliance buys must be destroyed.
- 2. The disposal of formula must be electronically documented on the WIC Formula Acceptance and Action Log (see MI-WIC Policy 8.05A WIC Formula Acceptance and Action), including:
  - a. Date returned
  - b. Vendor name or ID
  - c. Formula
  - d. Formula quantity
  - f. Action taken
  - g. Investigator Initials
  - h. Notes
- 3. Formula must be disposed on the day of receipt.
  - a. Pour liquid formula down the drain.
  - b. Empty and pour powder formula into the trash.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.